

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6804</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Kevin</u> <u>J</u> <u>Van Buskirk</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>1720 Marina Blvd.</u> City <u>San Leandro</u> State <u>California</u> ZIP Code + 4 <u>94577-4203</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Workers' Local Union No. 104</u> Labor Organization File Number <u>016871</u> P.O. Box, Building and Room Number, if any <input type="text"/> Street <u>2610 Crow Canyon Road, Suite 300</u> City <u>San Leandro</u> State <u>California</u> ZIP Code + 4 <u>94583-1547</u>
5. Position in labor organization. <u>Business Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature] On 01/20/06 510-895-8660
Date Telephone Number

Name of Person Filing Kevin Van Buskirk

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SMW Local 104 and Bay Area Industry Trng Fund

Trade Name, if any: All Union Signatory Contractors

P.O. Box, Bldg., Room No., if any

Street 2350 Lundy Place

City San Jose

State California ZIP Code + 4 95131

11.a. Nature of such dealing.

Trust receives contributions from all signatory contractors and provides benefits to members

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Regional Contest Banquet	\$75.00
Regional Contest Hotel	\$106.92
Completion Banquet/Awards	\$124.60

12.b. Amount.

\$307

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION
LOCAL UNION No. 104

DISTRICT OFFICES

— SAN FRANCISCO
1939 Market Street
San Francisco, CA 94013-1085
(415) 621-2930

X ALAMEDA-CONTRA COSTA
COUNTIES
1720 Marina Boulevard
San Leandro, CA 94577-4203
(510) 895-8660

— SAN MATEO COUNTY
858 Hinckley Road
Burlingame, CA 94010-1503
(650) 697-0664

— LAKE, MARIN, MENDOCINO,
NAPA, SOLANO, SONOMA
COUNTIES
610 E. Washington, Suite C
Petaluma, CA 94952-5916
(707) 763-6676

— DEL NORTE, HUMBOLDT,
TRINITY COUNTIES
9th & E Streets
Eureka, CA 95501-0430
(707) 443-8138

— SANTA CLARA COUNTY
2350 Lundy Place
San Jose, CA 95131-1820
(408) 263-9705

— MONTEREY-SANTA CRUZ,
SAN BENITO COUNTIES
11060 Commercial Parkway
P.O. Box 940
Castroville, CA 95012-0940
(831) 633-3535

January 20, 2006

Certified Mail Return Receipt & 1st Class Mail
#7005 1160 0003 8315 6891

U.S. Department of Labor
ESA/OLMS, Room N-5616
200 Constitution Avenue, NW
Washington, DC 20210-0001

RE: LM-30 REPORT (2005)

To Whom It May Concern:

Per your request please find enclosed my LM-30 Report for 2005.

Should you have any questions, please contact me at 510.895.8660.

Sincerely,

Kevin VanBuskirk
Business Representative
Sheet Metal Workers' Local Union No. 104